## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

## RECEIVED

JAN 28 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's partnership, firm or corporation, if any:    New Column   Salar   Salar	I. Name of Lobbyist(s)	Kick D.	owin An	,
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:  Full name of candidate:    Cool	II. Name of lobbyist's pa	artnership, firm or corp	poration, if any:	
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:  Full name of candidate:    Compared to the contribution   Chapter   Cha	NH Cou	RVMMPNT artnership, firm or corporation)	Solutions	GROSP, LLC
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name)  (First Name)  (First Name)  (First Name)  (Middle Name/Initial)  Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Full name of candidate:  F	III. Name of Client	n/A		Date
Full name of candidate:  Full name of candidate:  CLAST Name)  (First Name)  (Middle Name/Initial)  Amount of contribution s an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of contribution s  (Middle Name/Initial)  Office Candidate is Seeking  THE  Set M  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Full name of candidate:				l
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If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter to actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Full name of candidate:    Voobby   Teff				
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Amount of contribution \$ 200-00 Office Candidate is Seeking STHTE SEM  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter t actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate: FRIPHD GWM	actual cost of the in-kind co	ontribution on the line abov		
Amount of contribution \$ 200-00 Office Candidate is Seeking STHTE SEM  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter t actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate: FRIEND (WEN)			· · · · · · · · · · · · · · · · · · ·	
Amount of contribution \$ 200-00 Office Candidate is Seeking STHTE SEM  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter t actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate: FRIEND (WEN)	Full name of candidate:	WooDBUYW (Last Name)	Jeff (First Name)	(Middle Name/Initial)
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter t actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate: Friend (www.)				
Full name of candidate: French (Gue V. (Middle Name/Initial)	If the contribution is an in-lactual cost of the in-kind co	kind contribution, provide a	a description of the goods	or services provided, and enter the
Full name of candidate: FRight Gue V  (Last Name) (First Name) (Middle Name/Initial)			······································	
Full name of candidate: French (Gue V. (Middle Name/Initial)			· ,	
(Last Name) (First Name) (Middle Name/Initial)	Full name of candidate:	FRIPHD	Guen	
Amount of contribution \$ 2 500 Office Candidate is Seeking \$ 5 4 75 ROLL	·.	(Last Name)	(First Name)	(Middle Name/Initial)

	If the contribution is an in-kind contribution, provide a description of the good actual cost of the in-kind contribution on the line above for amount of contribuenter an estimated value and the word "estimate."	s or services provided, an tion. If the actual cost is	d enter the not known,
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•	(If more than three contributions were made, report additional contributions on separate	addendum C forms.)	
	Sworn Statement/Affirmation by Lobbyist		
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	I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing in	ormation
	/ Color	1/28/19	
٠.	(Signature of Tobbyist)	(Date)	
	Rick Newman		
	(Print Name of lobbyist)		
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